



For Office Use Only			
Parent Last Name: _____	Grandparent Last Name: _____		
Date Received: _____	Date Linked: _____	Date Scanned: _____	Staff Initials: _____

Bloomington Parks and Recreation

Grandparent Purchase Authorization Form

This Bloomington Parks and Recreation Grandparent Purchase Authorization Form is designed as a way to allow grandparents to purchase services for their grandchildren under the grandparent's account, rather than under the account of the child(ren)'s parent/guardian. The accounts of the parent/guardian and grandparent will be linked. The services for the children may be purchased by the grandparent based on the grandparent's residency. This policy only applies for children ages 15 and younger. By signing this form the parent/guardian acknowledges the City of Bloomington's Participation Waiver and grants permission for the grandparent to purchase passes and register the child(ren) for activities.

Parent/Guardian Household Information

Parent/Guardian First Name: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

Grandparent Household Information

Parent/Guardian First Name: _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email Address: _____

	Child Name (first and last)	M/F	Age	Date of Birth	Grade (upcoming fall)
1.					
2.					
3.					
4.					
5.					
6.					

(OVER)

PARKS AND RECREATION DIVISION

1800 W. OLD SHAKOPEE ROAD, BLOOMINGTON MN 55431-3027

PH 952-563-8877 FAX 952-563-8715 TTY 952-563-8740

AN AFFIRMATIVE ACTION/EQUAL
OPPORTUNITIES EMPLOYER

Parent/ Guardian Initials	Grandparent Initials
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_____	_____	<p>Waiver: I understand that participation in activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant. The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant which are directly or indirectly attributed to the negligence, whether passive or active, of the City and their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant, and myself I expressly release and discharge the City and their agents or employees from any such claims, injuries, or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.</p>
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_____	_____	<p>Media Release: City staff takes pictures, slides, and videos of participants enjoying the activities for use in marketing and promotion of the programs. I grant permission to use the name, pictures, and quotes of my child for the above purpose. If I do not consent, I will send a letter to the City stating my wishes.</p>
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_____	_____	<p>Data Privacy: The data supplied on this form will be used to enroll you in a recreation and/or social program. Some requested data is private. It is available to you and the City staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but city staff may not be able to complete your registration and/or you may not receive updated information.</p>
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_____	_____	<p>Household Link: I authorize the two household accounts on the front of this page to be linked. I understand that linking these two households allows the primary members of both households the right to purchase passes and register for activities and programs. Resident and non-resident rates will be based on which primary member purchases the services. If at any time I wish to terminate the linked households, I must send a letter to the City stating my wishes.</p>
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Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Grandparent Name Printed

Grandparent Signature

Date

This completed form must be submitted at the Parks and Recreation desk at Civic Plaza (1800 W. Old Shakopee Road, Bloomington, MN 55431) during business hours (M-F 8:00a-4:30p). Forms will not be accepted at any sites (ex. Bloomington Family Aquatic Center).